

# BEST AVAILABLE COPY

ISSUE STATE AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.L.		12/7/99
O.I.P.E. CLASSIFIER		21	12/15/99
FORMALITY REVIEW	DDO	68971	12/27/99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	10/09/99
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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